APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

5270

FORM STA PG 1

See STA INSTRUCTION	ON GUIDE for detailed instructions.	1 Total pages filed:
COMMITTEE	CONCERNED CITIZENS OF WEBBERVILLE	OFFICE USE ONLY
COMMITTEE ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE: ZIP CODE 18410 1 - 1999 969 IMANOR, TX 18653	Date Received
CAMPAIGN TREASURER NAME	TITLE FIRST MI JAMES NICKNAME LAST SUFFIX BURKE	Receipt 1.
CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 18410 FM 767 MANUR, TX 78653	HD/PM Amount Date Processed Date Processed
MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	
Same as above CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION	
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (5/2) 276-9777 FIRST MI LAST JAMES O. BURKE	SUFFIX
CAMPAIGN TREASURER PHONE PERSON APPOINTING	FIRST MI LAST JAMES O. I understand that I have been appointed as the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure. Amus.	urpose committee and that I am
CAMPAIGN TREASURER PHONE PERSON APPOINTING TREASURER	FIRST MI LAST JAMES O. I understand that I have been appointed as the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure. Amus.	urpose committee and that I am to do so.
CAMPAIGN TREASURER PHONE PERSON APPOINTING TREASURER SIGNATURE ASSISTANT CAMPAIGN	FIRST MI LAST JAMES O. I understand that I have been appointed as the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure stands of the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure stands of the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure stands of the campaign treasurer for this specific-presponsible for filling all required reports and that I may be subject to fines for failure stands. FIRST MI LAST	urpose committee and that I am to do so. Gaude gnature of campaign treasurer SUFFIX

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 SPECIFIC-PURPOSE COMMITTEE: FORM STA PURPOSE AND MODIFIED REPORTING DECLARATION PG 2 13 COMMITTEE NAME CONCERNED CITIZENS OF WEBBERVILLE 14 CANDIDATE / OFFICEHOLDER NAME OFFICE USE ONLY COMMITTEE CANDIDATE **PURPOSE** OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) OFFICEHOLDER SUPPORT OPPOSE BALLOT IDENTIFICATION / # Month ASSIST **▶**∠ MEASURE Identified to the Incorporation of Webberville Unidentified 15 COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED MODIFIED REPORTING. REPORTING DECLARATION ••This declaration must be filed no later than the 30th day before the first election to which the declaration applies. •• ••The modified reporting declaration is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.) The committee does not intend to accept more than \$500 in political contributions or make more than \$500 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report. Year of election(s) or election cycle to Signature of campaign treasurer which declaration applies

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

This appointment is effective on the date it is filed with the appropriate filing authority.